

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 500359

Balance Amount: .00

Holder

Name: ARTHROCARE CORPORATION



Address

Attention:

RICHARD R. BATT

Street:

680 VAQUEROS AVENUE

Province:

City:

SUNNYVALE

State:

CA

Postal Code: 94085-3523

Country:

US

Telephone:

408-736-0224

Fax: 408-736-0226

Details

Category Code:

NONGOVNMNT

Type: REGULAR

Notification Amt:

0.00

Status

Access Code:

3996

☒ Active

☐ Closed

SMINASS1

06/29/2005

NOTICE OF FEE DUE

DATE: 06-29-05

TO

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☒ Insufficient funds in deposit amount
- ☐ Insufficient by Credit Card
- ☐ Declined credit card
- ☐ Non-authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code:	1401 & 1253	Amount	\$ 1520
The suspended fee code:	1999	Amount	\$
The suspended	1622	Amount	\$
The suspended	2622	Amount	\$
Fee Due			\$ 1520

Terminal Operator

SAHIN M